Autism Care Demonstration (ACD) Documentation and Quality Monitoring

A Guide for TRICARE West Region Providers

Key Points – ACD Guidance

Purpose of This Guidance:

- Helps ACD providers understand documentation expectations as outlined in the TRICARE Operations Manual (TOM), Chapter 18, Section 3.

Progress Note Requirement:

- A progress note (also called a session note or narrative summary) must be completed for each session you provide.

Content of Notes:

Notes must:

- Clearly relate to the beneficiary's treatment plan (TP) goals and objectives.
- Accurately reflect the applied behavior analysis (ABA) services billed for that individual session.

Claims vs. Documentation:

- Progress notes are not required when submitting claims.
- TriWest may request them for audits or quality monitoring (refer to TOM, Chapter 18, Section 3, Paragraph 8.9).

Audit Use:

- When requested, notes will be compared against claims to confirm proper documentation and billing alignment.

Why It Matters:

Writing clear, goal-focused progress notes:

- Ensures compliance with program requirements.
- Supports high-quality care for the beneficiary.

Contents

Overview

This guide will help you understand what's expected when it comes to writing progress notes as part of your role in the TRICARE Autism Care Demonstration (ACD), as outlined in TOM, Chapter 18, Section 3.

All ACD providers are required to keep progress notes–also called session notes or narrative summaries–for each service provided. These notes should clearly connect to the beneficiary's treatment plan (TP) goals and objectives and match the ABA service code that you're billing for the beneficiary.

Session notes are not required to be submitted when the claim is submitted. However, TriWest may request them as part of regular quality monitoring and oversight audits (see TOM, Chapter 18, Section 3, paragraph 8.9 for more information). Progress notes that are requested are subsequently reviewed by TriWest. The review process ensures that proper documentation supports the billing for services rendered.

Taking the time to write clear, goal-focused progress notes helps ensure compliance–and most importantly– supports the best care for your beneficiaries!

Core Elements of Documentation

This list is provided as a guide; for further clarification, refer to TOM, Chapter 18, Section 3 and TRICARE Policy Manual (TPM), Chapter 1, Section 5.1 for complete details.

- Beneficiary's full name.
- Date and time of session, including start and end time.
- Location of rendered services.
- Length of session.
- Legible name of the rendering provider, to include provider type/level.
- The rendering provider's signature with the date signed.
- The authorized ABA supervisor's name.
- The name of all session participants (excluding other beneficiaries in CPT codes 97157 and 97158).
- Notation of the beneficiary's current clinical status evidenced by the beneficiary's signs and symptoms
- The session's narrative content (a group session may contain a common summary).
- A statement summarizing the techniques attempted during the session.
- A narrative description of the treatment response, the treatment outcome, and the response to significant others (group session notes must contain individualized treatment responses).
- A narrative statement summarizing the beneficiary's degree of progress toward the treatment goals.
- Each section of the progress note needs to be individualized to the beneficiary and each session.
- Effective January 1, 2019, the final product for CPT code 97151 must be in the format of a TP. All encounters with CPT code 97151 must have a progress note. This progress note must include, but is not limited to:
  - The session's date and time, including start and end time.
  - The assessment session's length.
  - A legible name of the rendering provider, including provider type/level.
  - The rendering provider's signature.
  - The session content, including what activity, measures, and observations were administered during the assessment.

Element Details

Beneficiary full name

Always include the beneficiary's full first and last name in every progress note or session record. Initials alone do not meet documentation standards.

Date and time of session/length of session

Always record the full date for each session (e.g., August 25, 2025). Clearly note when the session began and ended and calculate the length of session (e.g., 1 hour 30 minutes and/or 10 units). Military time is not required.

Location of rendered services

Accurately document the place of service; for example: home, clinic/center, daycare (non-preschool), school, community, or virtual health. Please note the following important guidelines:

- For services provided in a school setting, only a board-certified behavior analyst (BCBA/BCBA-D) may render and bill under the CPT 97153. A board-certified assistant behavior analyst (BCaBA) or BT may not bill for this code in school settings. Note that any ABA services in the school or preschool setting must specifically be preauthorized in the approved treatment plan.
- Virtual health (telemedicine) may only be used for services billed under the CPT 97156, and only after the initial six-month treatment period has been completed in person.
- Parent/caregiver sessions conducted remotely must include the GT or 95 modifier on claims.

Provider details

Ensure that each note includes the rendering provider's full name and credentials–whether it is the authorized ABA supervisor (e.g., BCBA/BCBA-D), assistant behavior analyst (e.g., BCaBA, QASP), or behavior technician (e.g., RBT, BT, etc.)–along with a dated signature. Please refer to the TOM for information on credentials accepted. If the supervising BCBA/BCBA-D is not the individual rendering services, their name and credential must be clearly documented within the note to reflect appropriate oversight.

Participants

For each person present during the session (other than the provider), clearly document their full name and their relationship to the beneficiary. To protect privacy and ensure compliance, do not include the names of other beneficiaries in the session note.

Beneficiary's clinical status

During ABA services, clinical status refers to the beneficiary's current behavioral presentation at the session's start. What you observe at the start of session shapes how you deliver treatment. This includes, but is not limited to, the following:

- Specific, observable, and measurable behaviors the beneficiary displays at the beginning of the session.
- Indicators of their readiness to learn, such as attention span, responsiveness, or emotional regulation.
- Presence of antecedents (triggers) or setting events (environmental or internal factors) that may influence behavior.

Session content

The session content is a clinical snapshot that communicates the quality of the delivered ABA services. This includes, but is not limited to, the following:

- Address TP Domains.
  - Identify and describe the primary domains related to the core deficits of autism.
  - Be specific: reference TP goals or skill areas that were actively addressed.
- Describe Performance Barriers

- Include observable challenges that impacted the beneficiary's ability to engage or perform and explain how these barriers influenced your approach.

- Match the Detail to the Duration
  - The session length should be reflected in the note's depth.
    - A longer session requires more comprehensive documentation than a shorter session.
  - Include enough detail to justify the billable time and demonstrate that ABA services were actively delivered throughout the session.
- Highlight Progress and Barriers on Target(s)
  - Describe how the beneficiary responded to specific targets; progress made; continued challenges; adjustments to teaching strategies.
- School-based Sessions
  - For sessions conducted in school settings:
    - Ensure the note reflects TP goals that are appropriate for the environment and delivered by a BCBA/BCBA-D.
    - Demonstrate how ABA techniques were actively used throughout the session (e.g., prompting strategies, reinforcement schedules, data collection).
  - Before providing services in the school setting, the current IEP must be on file and the location and goals must be in a current and approved TP.
- Include a descriptive written narrative
  - Do not rely solely on raw data to tell the session story. Lists of targets, percentages (e.g., "60% correct"), tally marks, or circled responses (e.g., "positive," "present") are not sufficient. These elements can support your narrative, but they cannot replace it.

ABA Techniques

When completing session documentation, it is appropriate to indicate which ABA strategies were utilized such as Discrete Trial Training (DTT), Naturalistic Environment Training (NET), Behavior Skills Training (BST), chaining, prompting, etc.

- Describe Instructional Adjustments Clearly
  - Clearly explain any modifications to teaching procedures made during the session.
- Summarize Technique Implementation
  - Include a brief narrative that summarizes how the selected techniques were applied in context.
    - This helps illustrate the provider's clinical decision-making and responsiveness to the learner's needs.

Response to Treatment

The narrative should describe how the beneficiary responded during the current session relative to implementing the TP goals. It should highlight areas of strong performance and explain any barriers that may have prevented the beneficiary from meeting mastery criteria. Individual data points alone are not adequate. The narrative must also detail the treatment outcome and the beneficiary's response to significant others. For group sessions, notes must include individualized treatment responses.

Progress Toward Treatment

A narrative summary outlining the beneficiary's progress level toward treatment goals is required. Session notes for CPT code 97153 should reflect the beneficiary's progress within the current session or in comparison to the previous session with the same provider. While behavior technicians are not expected to report long-term progress, they are responsible for noting differences between sessions, documenting progress on individual goals, and identifying any barriers to progress for the authorized ABA supervisor.

For CPT code 97155, session notes completed by an ABA supervisor or assistant behavior analyst should include observations on overall progress to date for each goal and any barriers affecting the expected rate of skill acquisition. The documentation must also note any goals that have been achieved, progress made toward discharge, and ensure all information is individualized for the specific beneficiary and session.

Description by CPT Code

- **CPT 97151:** Include the activities, measures, and observations made during the assessment.
- **CPT 97153:** Include the TP's targeted domains and focus on the progress made towards each goal. Also note barriers that may have influenced progress during the session.
- **CPT 97155:** Record all modifications that occurred during the session and/or modeling of new ABA protocols to RBT or families. (Examples include chart changes, procedure modifications, or behavior intervention plans.)
  - 97155 must be completed at least one time per month by the authorized ABA supervisor.

- **CPT 97156:** Document the progress toward parent training goals that utilize ABA techniques and principles. Describe recommendations provided to parents, report on parent implementation of goals, and generalization.
  - The beneficiary is not required to be present for the parent/caregiver sessions; however, the beneficiary's presence is encouraged. If the beneficiary is not present, current clinical status is not required.
  - 97156 must occur six times over the six-month authorization period
  - 97156 may be rendered via virtual health only after the first six-month authorization period. When submitting your claim, the session that was completed remotely must include the GT/95 modifier.
- **CPT 97157:** Describe the ABA principles discussed, skill acquisition, behavior reduction, and what was modeled. This code may only be used in a clinic/office-based setting and must not exceed eight participants.
- **CPT 97158:** Describe social deficits, targeted behaviors, and problem behaviors that occurred in session. Groups must not exceed eight participants.
- **CPT 99366** and **CPT 99368:** Document individual roles in medical conferences and the contributed information and treatment recommendations.

- A minimum of three Qualified Healthcare Providers (QHPs) from different specialties or disciplines who provide direct care to the patient must participate in the reported team conference. The autism services navigator must be present, via telehealth or telephone, for provider reimbursement of the MTC.
- When submitting your claim, the session that was completed remotely must include the GT/95 modifier.

Potential Documentation Issues

- The beneficiary's full name is not provided.
- The provider's full name and/or credentials are missing.
- The date and the rendering provider's signature are not included.
- The authorized ABA supervisor's name is not documented.
- The session duration is not included or does not match the indicated start and end time.
- The session location is not specified. Acceptable formats include home, clinic, office, school, or virtual health. GPS coordinates are not sufficient.
- Discrepancy between rendering and billing provider information.
- Clinical status, as defined by the TOM, Chapter 18, Section 3, is not included.
- Progress notes are illegible.
- The required progress note for CPT code 97151 is missing (treatment plan alone is insufficient).
- Incorrect use of CPT code 97155 for supervision or observation-only activities.
- The protocol modifications using CPT code 97155 are not clearly detailed in the progress note.
- The narrative content is missing in key areas–data alone does not fulfill documentation requirements:
  - Session summary
  - Beneficiary's treatment response
  - Summary of the beneficiary's progress toward treatment goal

Exclusions

ABA services must adhere to the required components outlined in TOM, Chapter 18, Section 3, Paragraph 8.10, including compliance with the specified exclusions listed therein.

- Meetings or training sessions for staff providing behavior support services.
- ABA services provided for diagnoses other than ASD.
- ABA services are not authorized for addressing symptoms or behaviors that fall outside the core ASD diagnostic features. For example, this includes impulsivity associated with Attention-Deficit/Hyperactivity Disorder (ADHD), reading challenges linked to a learning disability, or excessive worry related to an anxiety disorder.
- Communication via email or phone is not permitted.

- Travel to and from ABA service appointments (e.g., the beneficiary's home, clinic, or other service locations) is not reimbursable under the TRICARE program. Mileage and travel time may not be billed.
- Report writing beyond what is encompassed within the assessment CPT code 97151 is not covered.
- Administrative tasks (e.g., filing, phone calls, appointment scheduling) and the cost of supplies or materials–including office supplies or therapeutic items such as binders, building blocks, stickers, crayons, etc.–are not reimbursable.
- ABA services delivered remotely via internet-based technology or telemedicine/telehealth are not covered, except as specifically permitted under TOM, Chapter 18, Section 3, Paragraph 8.11.6.1.4.9
- Asynchronous virtual health services are not permitted.
- ABA services that incorporate any aversive techniques or the use of restraints are prohibited.
- Services provided outside the physical locations of the home, clinic, office, school, or telehealth are not covered. Certain community settings–such as sporting events, camps, and other locations specified by TriWest–are also excluded. Any service delivered in locations not listed must be reviewed and approved by TriWest before authorization.
- ABA services provided while the beneficiary is attending a separate medical appointment, including appointments for other family members, are not covered.
- Educational, academic, and vocational rehabilitation goals must be excluded from the TP before TriWest grants approval. TriWest is responsible for verifying that these goals have been removed.
- Educational ABA services, including those typically provided within a school curriculum, are not permitted.
- TRICARE ABA services are not authorized for delivery in the school setting as a shadow, aide, or general support to the beneficiary. Within the school environment, ABA services are limited to a BCBA's role who targets specific behavior excesses or deficits and are provided for a limited duration. Any ABA services intended for the school or preschool setting must be explicitly preauthorized in the TP for use in that setting.
  - **Note:** The daycare setting is not considered an academic environment. The daycare setting may be authorized based on clinical necessity as determined by TriWest.
- TriWest will only authorize and reimburse CPT code 97153 when it is provided by the authorized ABA supervisor in the school setting. This service cannot be delegated to an assistant or behavior technician (i.e., BCaBA, RBT).
- ABA services included in a beneficiary's Individualized Education Program (IEP) and mandated to be provided free of charge by the local public education agency under the Individuals with Disabilities Education Act (IDEA) or other applicable laws and regulations are not covered. To authorize ABA services within a school setting, the parent or caregiver must voluntarily provide a copy of the IEP (or an equivalent document for non-public school placements) so TriWest can make an informed decision regarding service approval.
- School tuition fees are excluded from coverage.

- Autism schools are not authorized providers under TRICARE**.** If an autism school operates a clinic as part of its services, the clinic must have its own separate tax identification number to be recognized as a provider.
- Goals focused on functional skills or activities of daily living (ADL), as defined in 32 CFR 199.2, are excluded from coverage. However, ABA principles–such as backward chaining and reinforcement schedules–may be included as goals for parent or caregiver guidance to support teaching ADL outside of direct ABA services provided by an ABA provider.
- Services related to custodial care, personal care, and childcare are excluded from coverage.
- Durable equipment (DE) that has not been demonstrated to be safe and effective, as outlined in 32 CFR 199.4, is excluded from coverage.
- Direct and indirect supervision of a behavior technician (BT) and assistant behavior analyst are excluded from coverage.
- ABA evaluation or intervention services delivered by a clinic or agency owned by the child's responsible adult–such as biological, adoptive, or foster parents, guardians, court-appointed conservators, or other family members by birth or marriage–are excluded.
- ABA evaluation or intervention services provided directly by the child's responsible adult–such as biological, adoptive, or foster parents, guardians, court-appointed managing conservators, or other family members by birth or marriage–are not authorized. Billing for ABA services rendered by family members is considered a conflict of interest and may be subject to penalties under the Civil Money Penalties Law (CMPL).
- Concurrent billing is not allowed for all ABS (Adaptive Behavior Services) Category I CPT codes, except when the family and the beneficiary are receiving separate services and the beneficiary is not present during the family session.
- Billing for two ABA providers simultaneously under a single CPT code is not permitted.
- Interventions classified as psychotherapy include, but are not limited to, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Prolonged Exposure Therapy, group psychotherapy, and similar approaches.
- Non-ABA services provided by ABA providers are excluded from coverage.

Payment Recoupment Guidelines for Applied Behavior Analysis (ABA) Services

ABA providers are required to follow the medical documentation and billing guidelines outlined in TOM, Chapter 18, Section 3. Providers who do not meet these standards may be required to undergo additional training and may be subject to payment recoupment in accordance with policy.

Recoupment of payments may occur for the following reasons:

- Incorrect CPT Code Usage: CPT code not aligned with allowable activities.
- Incorrect Reporting of Units or Time: Errors in documenting the number of units or the session's start and end times.
- Concurrent Billing: Concurrent billing with the same beneficiary is excluded for all ACD Category I CPT codes except 97156 when the beneficiary is not present.
- Incorrect Rendering Provider Listed: Failure to accurately identify the provider who delivered the service.
- Provider Certification Issues: Services delivered by a provider who lacks proper certification or has a restriction imposed by their credentialing body. For certification inquiries, contact credentialing@triwest.com.
- Provision of Excluded Services or Supplies: If the session documentation includes services or supplies not covered under TOM 8.10, recoupment may result.
- Incomplete or Missing Medical Records: Providers must submit complete medical records when requested by TriWest, as required by 32 CFR 199.4(a)(5)
- 97157 and 97158 groups exceeding 8 participants.

Payment Penalties may occur for the following reasons:

- If the requirement for one session per month of 97155 is not met, a recoup of a 10% penalty on all ABA claims for that beneficiary for the entire six-month authorization will occur.
- If the annual provider training requirement is not met, there will be a 10% claims penalty for all ABA rendered services during the non-compliant period.

Tips to Avoid Recoupment:

- Review and understand the requirements outlined in TOM, Chapter 18, Section 3.
- Ensure that each billed claim is supported by complete and accurate medical documentation.
- Deliver services that align with ABS-approved CPT codes.
- Be aware of and avoid providing excluded services or supplies.
- When medical records are requested, submit all documentation related to the ABA services provided for the specific patient and date of service.
- If there is any portion of a session that was used for non-billable time (exclusions) clearly separate that time from time that was billed to avoid recoupment for the entire session

Staying informed and following these best practices can help ensure compliance and reduce the risk of payment recoupment.
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